

CLAIM FORM FOR CHILD CARE EXPENSES

THIS FORM IS TO BE COMPLETED BY THE CLAIMANT

CVR NUMBER

CLAIMANT

VICTIM

Your claim investigator is:

If you need assistance, call

Note: The CVR Board is NOT responsible for your bills. The board is not to be listed as the guarantor on the bill.

STEP 1. ANSWER THESE QUESTIONS ABOUT YOUR CHILD CARE EXPENSES

Are you responsible for any of these bills? ☐ Yes ☐ No If not, who is? _____

If you are not responsible, have you paid part of the expenses? ☐ Yes ☐ No

Is the child, claim your dependent? ☐ Yes ☐ No

NOTE: If you answered NO to the questions above, you cannot make a claim for these expenses.

You may NOT claim this expense if your child was in day care prior to the crime.

Please include with this form:

- 1) A tax return showing the child as a dependent or court custody papers is an acceptable proof of dependence.
- 2) Bills and written proof of payment for each expense. Receipts and cancelled checks are examples of acceptable proof of payment.

STEP 2. LIST THE CHILDREN'S NAMES AND THEIR BIRTHDATES BELOW:

_____	_____
_____	_____
_____	_____

STEP 3. LIST YOUR CHILD CARE EXPENSES.

Provider Name, Address, Phone Number, and License Number

Dates of
Service

Total
Charges

Amount
Paid

Amount
Owed

STEP 4. OBTAIN THE NECESSARY SUPPORTING DOCUMENTATION

Attach a copy of your last tax return or a court document which shows your responsibility for the child, the itemized bills, & your receipts if this documentation is not available, please explain.

SEND THIS FORM AND THE REQUIRED ATTACHMENTS TO:

STEP 5. SIGN HERE _____

DATE: _____